

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

TIME AND MATERIALS FOR COMPUTER AND PRINTER REPAIRS

Amendment No: 1

Bid	Due	Date:	May	8.	2009	at	3:00P	.M.	Local	Time

RFP No: HB913286

A signed copy of this Solicitation Amendment <u>must</u> be submitted with your IFB Response. This IFB is amended as follows:

1. The Scope of Work is revised as follows:

Replace Paragraph E, page 24 and 25 with the following:

E. SPECIFICATIONS

The Contractor shall act as the single point of contact to which all requests for services are submitted. The Contractor shall have a minimum of three (3) years experience providing this service. The Contractor is responsible for contacting any subcontractor necessary to perform the services, if needed. All services shall be performed using fully qualified technicians with a minimum of one (1) year's experience in providing the service. All equipment repaired shall function according to the manufacturer's specifications.

All other provisions shall remain unchanged.	
Vendor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date	The above referenced Contract Amendment is hereby executed this
	Phoenix, Arizona
Signature / Date	Christine Ruth
Authorized Signatory's Name and Title:	Procurement Officer:
Contractor's Name:	



ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams. Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

RFP No.: HB913286

Amendment No.: 1

The Contractor shall:

- Designate a primary contact for all requests for service and an alternate contact when the primary contact is unavailable
- 2. Respond on-site no later than eight (8) business hours (7:00 AM to 6:00 PM, Monday through Friday except State holidays) after notification by an ADHS employee that service is required.
- 3. Be available and accessible from 7:00 a.m. to 6:00 p.m. Monday through Friday.
- 4. Provide service to ADHS Phoenix, Flagstaff and Tucson offices in accordance with response time requirement.
- 5. Provide emergency service calls on days and hours outside of the established norm if needed, in accordance with the Emergency Service Call Fee Rate contained in this Contract.
- 6 Provide Loaner Equipment: if equipment cannot be repaired on-site, comparable and compatible loaner equipment shall be provided, installed, and operational, on-site at no additional cost to the ADHS. Loaner equipment shall be available within three (3) working days of the initial service call.
- 7 All equipment removed for repair shall be completely repaired and operational to manufacturer's specifications, and returned within thirty (30) calendar days from the date of the initial service call. ADHS shall be responsible for transferring any necessary data to the loaner equipment except if the ADHS asks the Contractor to transfer the data, in which case, the Contractor may charge for such assistance in accordance with the hourly rates contained within the Contract.
- 8 All replacement parts provided shall have a minimum of a one (1) year warrantee unless otherwise designated by the manufacturer.
- 9 Deliver all required documents to ADHS.
- 10. Hourly rate shall be inclusive of all costs to perform the service. ADHS shall be invoiced only for the actual time to perform the service at the ADHS facility or the Contractor maintenance facility. Travel time shall not be invoiced.
- 11. Invoices shall include all details on the work performed, including but not limited to: date of service, time of service, total charges for service by rate, discount price for replaced parts, location of the equipment, type of equipment, ADHS asset tag number, manufacturer serial number, ADHS contact person and signature of work satisfactorily completed.



RFP No.: HB913286

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams. Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

PRICE SHEET

Amendment No.: 1

Item	Description of Material or Service	Unit Rate	Price
1	Repair Labor Rate - rate shall be inclusive of all costs to perform the service	Hourly	\$
2	*Service Call Fee for Metro Phoenix - rate shall be inclusive of all costs to perform the service (*See Service Call definition below)	Per Service Call	\$
3	Service Call Fee for WIC Offices- rate shall be inclusive of all costs to perform the service (*See Service Call definition below)	Per Service Call	\$
4	Emergency Service Call Fee for Metro Phoenix - rate shall be inclusive of all costs to perform the service	Per Service Call	\$
5	Emergency Service Call Fee for WIC Offices - rate shall be inclusive of all costs to perform the service	Per Service Call	\$
6	Percentage Discount Off Catalog Price List	Submit Price List	%

^{*} A Service Call is defined as a fee that is charged when the Contractor is dispatched to the ADHS for service to equipment. If the Contractor provides service to multiple programs or areas located within the main campus (see below), only one (1) service call fee will be allowed.

Main Campus includes the following:

- 1. 1740 W. Adams, Phoenix, Arizona
- 2. 150 N. 18th Avenue, Phoenix, Arizona
- 3. State Laboratory: 250 N. 17th Avenue, Phoenix, Arizona

Prompt Payment discounts are available. Yes / No (Circle one)
Invoice prompt payment terms may be discounted _____ % ____ days, net 30 days.



ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams. Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

Please check as many as applicable:

RFP No.: HB913286

I certify that my company is a Woman-Owned Business Enterprise (WBE). A WBE is defined as an enterprise where a woman owns at least fifty-one percent (51 owner(s) must have the day-to-day control of the firm and have experience and experarea of operation. The owner(s) must hold a proportionate share of the business capilosses commensurate with their ownership interest.	tise in the firm's primary
I certify that my company is a Minority-Owned Business Enterprise (MBE). An MBE is defined as an enterprise where an ethnic minority owns at least fifty-one pobusiness. The owner(s) must have the day-to-day control of the firm and have experifirm's primary area of operation. The owner(s) must hold a proportionate share of the profits and losses commensurate with their ownership interest.	ence and expertise in the
I certify that my company is a Small Business. A Small Business is defined as a company having fewer than one hundred (100) emp million dollars (\$4,000,000) in gross receipts.	loyees or less than four

Amendment No.: 1



ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

RFP No : HB913286 Amendment No : 1

WIC OFFICE LOCATIONS

Office Location	Number of Office
Ajo	1
Amado	1
Apache Junction	1
Arivaca	1
Ashfork	2
Avondale	1
Benson	3
Bisbee	2
Buckeye	1
Camp Verde	1
Casa Grande	1
Chino Valley	1
Coolidge	1
Cottonwood	1
Dateland	1
	2
Eager	1
Eloy	
Florence	2
Gila Bend	1
Glendale	3
Greenvalley	1
Guadalupe	1
Holbrook	2
Kearney	1
Kingman	3
Lake Havasu	1
Luke Air Force Base	1
Mammoth	1
Marana	1
Maricopa	1
Mesa	4
Nogales	1
Oracle	1
Overgaard	1
Patagonia	1
Phoenix	20
Pinetop	1
Prescott	5
Queen Creek	1
San Luis	1
San Manuel	1
Scottsdale	1
Sedona	1
Showlow	1
Snowflake	1
Somerton	1
Office Location	Number of Offices



RFP No.: HB913286

ARIZONA DEPARTMENT OF HEALTH SERVICES

1740 West Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 FAX

Procurement Specialist: Rebecca O'Brien

St. Jones	1
St. Johns	5
Stanfield	1
Superior	1
Surprise	2
Tempe	1
Tolleson	1
Tucson	7
Wellton	1
Wickenberg	1
Winslow	1
Yuma	2

Amendment No.: 1